

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000317

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

94

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JAN 30 1963

1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Joseph

Length of stay in 1b
Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR GORFORTH'S Nursing Home
INSTITUTION 1804, Farson St.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Buchanan

c. CITY OR TOWN St. Joseph

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1219 Felix

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print) First MARY

Middle

Last BESTON

4. DATE OF DEATH Month January Day 28, Year 1963

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 9-1-1878

9. AGE (last birthday) 84

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Domestic

10b. KIND OF BUSINESS OR INDUSTRY Private Homes

11. BIRTHPLACE (City and state or country) St. Joseph, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME

Michell Beston

13b. MOTHER'S MAIDEN NAME

Katherine Burke

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs Paris Richey Overland Park, Kans.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

Unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1/3/63 to 1/28/63 and last saw her alive on 1/25/63
Death occurred at 5:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

D. E. Shennar MD

22b. ADDRESS Social Welfare Board
10th & Olive, St. Joseph, Mo.

22c. DATE SIGNED 1/28/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Jan. 30, 1963

23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

24. FUNERAL DIRECTOR ADDRESS H. O. Sidenfaden & Son St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG. Jan. 29 1963

26. REGISTRAR'S SIGNATURE Wm. Clark Hodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DE Shennar, M.D.

Permit issued 1/26/63

2112
2112

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8-58

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert H. Gage

Licensed Embalmer No. 3308

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.